

**RECEIVED
CENTRAL FAX CENTER****FENWICK & WEST LLP**

SEP 01 2004

Silicon Valley Center • 801 California Street • Mountain View, CA 94041

Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com**FACSIMILE TRANSMISSION****CONFIDENTIAL**DATE: September 1, 2004

CLIENT NO.: 19502

To:

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Brian M. Hoffman, Reg. No. 39,713 PHONE: (415) 875-2484

NUMBER OF PAGES WITH COVER PAGE: 9

ORIGINAL WILL NOT FOLLOW

MESSAGE:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/333,724
10/071,797
09/538,602
09/334,131
09/843,614
09/754,650
10/652,850

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL Larisa Burshteyn AT (650) 943-5373 AS SOON AS POSSIBLE.


19502/01000/SF/5127768.1


PAGE 1/9 * RCVD AT 9/1/2004 8:00:23 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-1/2 * DNIS:8729306 * CSID:+14153950879 * DURATION (mm-ss):03-06

0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office		Application Number	N/A
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>				Filing Date	N/A
				First Named Inventor	N/A
				Examiner	
				Group Art Unit	
				Attorney Docket Number	
Total Number of Pages In This Submission		8			

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (In duplicate)	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos.
<input type="checkbox"/> Check Enclosed	09/333,724
<input type="checkbox"/> Return Receipt Postcard	10/071,797
<input type="checkbox"/> Response to Notice to File Missing Parts	09/538,602
<input type="checkbox"/> Assignment & Recordation Cover Sheet	09/334,131
<input type="checkbox"/> Declaration	09/843,614
<input type="checkbox"/> Power of Attorney	09/754,650
<input type="checkbox"/> Application Data Sheet	10/652,850
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	
<input type="checkbox"/> Copies of IDS Cited References	
<input type="checkbox"/> Request for Corrected Filing Receipt	
<input type="checkbox"/> Request for Correction of Recorded Assignment	
<input type="checkbox"/> Amendment/Response: [] Page(s)	
<input type="checkbox"/> After Final	
<input type="checkbox"/> Status Request	
<input type="checkbox"/> Revocation and Substitute Power of Attorney	

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Brian Hoffman, Reg. No. 39,713	Dated:	September 1, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:		Brian Hoffman	Dated: September 1, 2004
Facsimile Number:		1-703-872-9308	

RECEIVED
CENTRAL FAX CENTER

SEP 01 2004

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/538,602
	Filing Date	March 29, 2000
	First Named Inventor	Brian P. Dougherty
	Group Art Unit	2611
	Examiner Name	Matthew R. Demicco
	Attorney Docket Number	19502-04562

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to, and has requested, termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ **Change the correspondence address and direct all future correspondence to customer number 44367**

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number _____
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name Brian M. Hoffman

Signature

Date

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.